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ABSTRACT

This material describes the philosophical considerations and the component parts of a group home for adolescent girls. The roles of the treating staff, as well as the approaches to treatment, are described. Research findings of a follow-up study of all girls in care from 1959-1969 is briefly outlined. (Author)

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"A MODEL FOR THE OPERATION OF A GROUP RESIDENCE FOR EMOTIONALLY DISTURBED CHILDREN"

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A MODEL FOR THE OPERATION OF A GROUP RESIDENCE FOR EMOTIONALLY DISTURBED CHILDREN

In August, 1959, the Association for Jewish Children opened its first group home. This facility for adolescent girls added to the range of the agency's child welfare services of foster home care, institutional program, services to unmarried mothers and adoption. Subsequently, the Association developed additional group homes, an apartment unit, services to children in their own homes, family day care and after-school day care. A special project since 1970 has provided group counselling in the Philadelphia school system for approximately 8,000 children and several thousand parents each year.

The children and families who are served by the Association constitute a highly disorganized group. Over the years, approximately 75% of the children requiring placement have come from families who are on public assistance or slightly above that level. Most of the families, about 65%, have disintegrated through separation, death, or divorce. Most of the mothers have had in-patient mental hospitalization, and the families have had 5 to 13 prior social and mental health agency contacts. Relationships among family members are disordered and communication poor. The families are isolated from their kin and from the organized community. Most parents have had high school education, some were in college; all have aspirations for their children.

The 60 [illegible]ome girls who have been admitted to the Girls' Residence up to the present have ranged in age from 12 to 17; the average age about 15. The girls have been in good health. Almost all were of average to superior intelligence, but exhibiting educational deficits, especially in reading and math, from 2 to 7 years behind the expected level. In addition to school problems, the presenting behavior included runaway, sexual acting out, drug and alcohol use, hysteria, depression, and massive craving for attention and affection. The predominant admission diagnosis has been "personality disorder" with about 60% showing a neurotic pattern of this kind. Approximately 20% were diagnosed "schizophrenic" and 10% were considered

depressive neurosis. The rest were classified as "adolescent adjustment" reaction.

The Association's Girls' Residence falls into Martin Gula's group home category three for adolescent's needs and services--"those needing group living, casework, and an all-pervading treatment orientation that includes psychiatric and psychological services."(1) The group home is owned by the agency. Housing seven girls, the group home is located in an open community setting in a residential neighborhood. Case-loads are low (15-16 children) to permit intensive individualized service.

THE CONCEPTUAL UNDER-PINNING

As we have addressed ourselves to the two-fold task of caring for and treating the young people admitted, certain basic philosophical and program concepts have emerged:

1. Meeting the basic physical needs of the girls is fundamental and can not be relegated to a "taken for granted" status. Food, clothing and shelter fulfill the first elements of the placement service. Medical and dental care, personal allowances, educational supplies, transportation costs, and the many other needs that go into rearing children are the responsibility of the group home program. These things sound simple, but they are of fundamental importance in demonstrating that the adults care and that the girls are considered to have worth. From another point of view, providing these things unstintingly, and in a way that conveys respect, reduces the possibility that girls can blame the setting for their problems.
2. Ties to parents are considered crucial. Although staff fulfills parental functions, staff understands and makes it clear to the girls that they do not replace or substitute for parents. Staff can not compensate for the early gross deficits nor can staff ever meet the enormous dependency needs. The objective is to help girls understand their feelings about

(1) Martin Gula, "Group Homes--New and Differentiated Tools in Child Welfare, Delinquency, and Mental Health," Child Welfare, XLIII (1964), 394-395.

parents and learn to understand, not necessarily love, the parents. There is no intention of shutting the parents out of their daughters' lives. Although the parents can not perform as mothers and fathers, they and the staff usually want the same things for the girls. Parents are taken into a partnership so that the placement can be supported, sustained and reenforced. The agency recognizes that the parents are starved in their own lives and need help with all aspects of their lives—money, medical care, housing—and their isolation and desolation. The agency sees itself in the role of "extended family" to the parents and offers them close, long-term supports.(2)

3. Education is awarded one of the highest priorities in the program. First, the girls have to face that going to school is required by law at least until age 16. Then, much of the girls' time is spent in school or is school-connected. If this time is filled with failure, much of the girl's day is spent in defeat. Further, there is the reality that in the not too distant future the girls will need to care for themselves, and education will determine their occupation and earnings. While the girls could espouse the right to choice, the adults had an obligation to express their view about the importance of education and to expect that the girls attempted to use their abilities and capacities. Despite their past school failures, most of the girls admitted have been of good intelligence and some have had talent, such as in art. An appeal is made to intelligence and talent and encouragement given to developing academic and vocational skills. Concrete supports such as tutorial help, special school, and intensive cooperative work with school counsellors and teachers are part of the program. If a girl can not get herself to school, staff transports her. Staff conveys its confidence, when merited,

(2) Joseph L. Taylor, "The Child Welfare Agency as the Extended Family," Child Welfare, Volume LI Number 2, February 1972, pages 74-83.

that a girl can succeed and makes this significant investment in education because success in school can have a powerful therapeutic affect on other aspects of a girl's life.

4. Few girls or families have a religious life prior to admission. They do not belong to synagogues or to Jewish social organizations. Jewish practices are not observed in the homes. Staff believes that religious ties can strengthen self-identity, both for the present and in the future roles of wife and mother. The traditions of the past, the cultural roots, and rituals are seen as offering the girls other experiences for ties and structure in their lives. The group home creates a Jewish atmosphere through food, music, discussion, readings, ceremonies, and connections to other Jewish organizations in the community. It is expected that the girls will learn about their religion and their culture in an age-appropriate way.

5. Recognizing the need of adolescents for peer relationship, the group is made an integral part of programming. Group meetings initiated by staff on a planned and informal basis are part of the program, and we are aware that there is group interaction covertly without the knowledge of staff.

6. The community is seen as an appropriate setting in which to permit the young people to live out their daily lives. This is the arena from which they came, and the arena to which they would return. The selection of a community setting reflects the intention that the girls work out their problems while living in the general community, learning to use its resources and learning to make the personal accommodations necessary to become a responsible member of society. Such a setting is obviously more congruent with an emphasis on social competence than a setting which is located in the country or on a separate campus within the city.

The opportunity to live in a community tells children that although they have problems they are not completely different from other youngsters. The opportunity to gain experience in living the way most people--and as these girls ultimately would have to live--is diminished if one is placed in specially structured and protected living arrangements.

7. The many agency people in the program provide a set of influences and sources from which the girls can gain an identity. Each staff person presents himself with the unique skills of his professional background. Perhaps more importantly, each staff person presents the uniqueness of his personality, his interests, and his values. The combined strengths of the staff create a totality in the human environment and no single person is expected to carry all of the burden or provide all of the answers.

8. Time is a major factor in dealing with the girls. Everyone--girls, family, staff--has a realistic framework for ending. Although under some circumstances a girl might remain longer, the cut-off funding age is at 18. Depending on admission age, there needs to be planning and preparation for leaving even though after-care services outside the group home are provided. Generally, the first year goes into grieving about separation from family, working through the separation and setting some directions and goals. The second year is a time for locating strengths, reenforcing them and "shoring up" in every possible way. The third year is directed towards the actual leaving, usually accompanied by regressive symptoms, anger and fear. A stay beyond three years allowed more time for developing strengths. A shorter stay meant an intensification of the process.

9. The deprivation of girls referred to the program is profound, and an understanding of its consequences is crucial to managing the treatment processes. While the effects of maternal deprivation in infancy, the relative permanence of these effects in later life and the desirability of continuity in parenting after separation have been stressed in the literature, little attention has been paid to the peculiar anguish of placed children. We believe that these young people remain permanently damaged by maternal deprivation because they remember the difference between natural parents and substitutes. The conflicting desires (to express dependency and to express anger) are acted out on staff perpetually until the girl develops enough ego strength to resolve the conflict. This ego strength is achieved by "borrowing" from the staff until the girl can manufacture her own through the growth process (not by transferring her identification directly from natural parents to caretakers). The girl creates a composite, or mosaic, identity with a series of partial identifications with staff. As her cognitive strength grows, the girl is able to understand her conflicting desires and resolve them with staff help. The girl grows around an unhealed and incurable wound to her ego (the conflict created by separation and reason for the separation).

10. In setting goals the agency recognizes that it can not make up for all the lacks and deprivations in the lives of the girls or their family. Rather, the objective is to respond to that which is healthy in each individual so that she can grow--no matter how limited the growth. It is pointless to become fixed on the emotional pathology so prevalent in each person's experience. The staff believes that if some growth can be started, some satisfactions achieved, and some beginning made in understanding people and events of the past, the girl can approach

adulthood with increased self assurance and maturity. Girl and family can come to grips with their relationship so that compassionate understanding can be reached.

Thus current functioning and teaching coping mechanisms in the present were the focus in treatment. Girls come to the group home from situations of stress and may return to situations which impose stress. Unless their reactions to stresses are changed, the future for them may be as disordered as the past.

THE COMPONENT PARTS

Clearly, in the group home setting, the task is to combine the physical and caretaking needs of the girls with improvement in their mental health and skills in social adaptation. To accomplish these goals, the program was designed with a number of component parts.

PHYSICAL PLANT AND BUDGET

The residence is a seven bedroom center-hall entrance home located in a middle-class residential neighborhood. It is large and spacious with ample living area and room for movement. The house was rented for the first two years of operation and then purchased. (All subsequent group homes opened were purchased immediately.) The group home is accessible to public transportation, convenient to local schools, and near a public library. The facility meets with health, fire, city, and state licensing requirements.

Attractive and durable furniture providing a sense of home was purchased initially and has been refurbished as needed. Attention is paid to the kinds of books, magazines, newspapers and pictures available. A network of "on call" resources was developed to meet appliance or other breakdowns. They physical setting offered consistency and order without rigidity.

Food is a most important consideration for many of the girls. Some of them have simply never had enough. For most of them, the provision of food is a way of

responding to and insuring satisfaction of very primitive needs. It must be supplied in proper quantity and served attractively and tastefully. Food and eating needs to be individualized for the obese girl--and there are many--and with the girl who refuses to eat out of self-punishment or depression--and there are some.

Financing of the program has been through a per-diem purchase of care system from the county departments of welfare. In addition, voluntary funds have provided for the extras of art, music, dance lessons, camp and recreational events, vocational and college programs.

PEOPLE

The group home staff is a community of human beings involved in complete interactions among themselves as well as with the resident girls. This collection of individuals living and working together develop relationships of influence towards one another. The personalities, skills and training of the adults must mesh well to provide the warmth, the support, and the "human box" of the structure and controls from which the adolescents test and grow.

CHILD CARE STAFF

When the first group home was planned the theory was to find a couple, a relief person, and to provide maintenance personnel from the agency staff. In this approach, "family life" and parental roles would be simulated and male-female images offered. We thought that from this model the girls would perceive parents in a new and better way and work out their problems about parents through transference. However, it was not possible to find a couple in which both the man and woman were adequate people or with a sound enough marital relationship to withstand group home living. Subsequently, as the functioning of the young people was observed, the group home as a substitute for family living did not seem to be a valid goal. Hence, the staffing pattern developed was for live-in child care people plus a relief

person working from 10 a.m. to 6 p.m., and part-time maintenance help. In 1973, the agency moved to three shifts of child care workers each working eight hours, thus providing night-time coverage. Essentially, one adult is available to seven adolescents.

Most child care workers have had high school education. Some were in college or had some college experience. Some completed Philadelphia's available child-care training programs or attended while employed. The staff has ranged in age from those in their mid-twenties to their mid-fifties. Their marital and family status has varied; they have been of different ethnic and religious backgrounds. The fundamental considerations in choosing staff were their personality and temperament, the degree of satisfaction achieved in their personal lives, their ability to make common sense judgments, their capacity for relationship, the way they could complement each other, their tolerance for withstanding the volatile behavior of deeply disturbed adolescents, their capacity to give of themselves without expecting a return from the children, and their readiness to work for the salaries and hours designated. Except for the latter, these are difficult judgments to make about people on short acquaintance, but these are the judgments upon which success in selecting child care staff depends.

This personnel is responsible for the physical plant of the group home--cleaning, maintaining, managing it--doing some of it themselves and working with the girls to assume appropriate responsibilities--e.g. the girls are expected to make their beds before going to school, clean their rooms and share in household cleaning once a week. Staff prepares the menus, does the food shopping largely through telephone or vendors who came to the residence, and do the cooking. Some girls like to join in this and are encouraged to do so to acquire the experience. Child-care staff is responsible for staying within the budgeted amounts for household management. Staff paid attention to the amenities--flowers, tablecloths, music, shabboth candles, birthdays, and holidays.

AJC child care staff is oriented to support and maintain the physical and social standards for the girls as individuals and as a group. They are responsible for the day-to-day, hour-by-hour, supervision of the girls' daily life, announced in the definition of role but achieved through slowly developed relationships with the girls. The means were the caring, the character and the resiliency of the child care people. The child care staff literally served as human punching bags much of the time for the hostility of the girls, often displaced from other events or people.

This means different things for different girls. Some girls have to be taught how to bathe and use deodorants; how to comb hair and brush teeth; how to apply make-up appropriately. While meals are a time for socialization and sharing, they are also a time when some girls must be taught to use utensils rather than their fingers, to speak rather than swear, and to pass the salt rather than throw it. Some girls have to be awakened daily to get off to school; almost all have to be held to do homework and study. Educational goals and vocational objectives have little immediate interest until the girl feels the need for and the value of it, usually after gaining some success and rewards in school achievement. Cajoling, nagging and threatening is required to get many of the girls to school. Dress is a matter of little concern to them. When told "it doesn't matter to anybody anyhow", staff replied, over and over, that it mattered to them and everything will matter to the girl herself.

There is no area in the girls' life in which the child-care staff does not become involved. Committed to fostering of Jewish identity, child-care staff has to live with Kashruth, synagogue attendance and holiday practices. Often child care staff has to intervene actively in the relationships developed in the community with other girls and with boys. The girls tend to develop friendships with boys and girls who steal, truant, run away, use drugs, or want to use the girls sexually. Staff had to use judgment when to welcome or exclude visitors. Normal kissing and petting within the home is sanctioned but more sexually acting out behavior

is stopped. Immediate decisions have to be made about when the girls should work out house or peer problems by themselves, or when the adult should step in.

Staff has to handle illness, real or feigned, give practical relief for the ailment and the emotional accompaniment, call the doctor, get the girl to the hospital, and control the impact of the episode on the group. Bed-time and sleep was often a stressful time. For some of the girls it reflected the lack of order in their lives. For most of them, sleep was the ultimate in social isolation and that period when inner emotions, separation trauma, and the ghosts of relationships with others had to be faced. Almost like infants, they need to keep themselves awake with one more drink of water, one more time to go to the bathroom, one more conversation, one more connection with another human being. Child care staff has to respond with support, sympathy, and understanding but with the expectation that sleep is necessary.

THE CASEWORKER

The caseworker is the central person in managing the girl's experience in the group home. The caseworkers' responsibilities include: (1) direct work with the girls; (2) direct work with parents and relatives; (3) collaboration with supporting personnel within and outside the agency.

DIRECT WORK WITH GIRLS

The caseworker begins with the girl when the intake study is completed and a tentative plan has been formulated in a conference among the intake caseworker and supervisor, the psychiatrist, the psychologist, child care staff, the caseworker, and the group home director. The caseworker then arranges the practical steps for admission, participates with the child care staff in orienting the girl to the home, picks up where intake has left off in obtaining school, medical, dental, and other records, handles visits and phone call arrangements with family, and lives through the actual separation experience itself. It is an emotionally charged time.

The caseorker joins with the child-care staff in the many realities of daily living as an expression of the parenting role. For example: in regard to clothing, the caseworker, girl and child-care staff plan purchases based upon the girl's needs, budget allocation, ability to take care of her clothing, her individuality, and how the shopping would be done--the girl alone, child-care staff, volunteer worker, sometimes family. By an agency determined standard each girl receives a weekly allowance administered by child-care staff. The caseworker shares in the discussion of handling the money--is it hoarded?; squandered?; saved"; used to buy friendships?; protected from being stolen by others? In medical care, the caseworker prepares a medical and social summary for the assigned physician and assists child care staff in implementing routine medical and dental examinations. Some girls have special anxieties about physical examinations or when consultants (gynecologist, neurologist, dermatologist) are required. The caseworker and child care staff decide who will accompany the girl to the appointment and carry out the physician's recommendations.

The specifics of daily living are woven into the direct casework treatment of the girls' emotional and behavioral life. Here, four themes are generally apparent; (1) personal adjustment and feelings and attitudes about oneself; (2) peer relationships within the home and in the community; (3) education and vocational goals; (4) relationship to family. In all areas, while the caseworker tries to understand the girls' troubled past, and is sympathetic, the focus is on expectations for the present and concern for the future, revolving around some core concepts: (1) the past can not be eradicated nor can adequate compensation be found in the present or in the future to atone for the past (what's done is done); (2) to dwell on the pathology within oneself can be defeating--the here and now must be used to build positive experiences and satisfactions (let's get on with it); (3) separation from one's family is an experience that never stops hurting and is relived even as one grows up (and how it hurts); (4) although reunion with family may not be possible, ties to them remain important, they should be encouraged and supported (the family matters); (5) a girl should try to make

the most of herself--her health, her appearance, her intellect, her personality, her talents (you've always got yourself); (6) living will always impose expectations and wherever the girl goes, whatever she does, she will find limits and authority that she must learn to live with (where would we be without traffic lights to tell us when to stop and go?); (7) the influence of friends, their beliefs, their habits, their pulls and their pressures will be strong and one must learn to discriminate (you grown ups don't understand what my generation sees as important); (8) the caseworker is always willing to listen to complaints, grievances, unhappiness, but will often be unable to make changes, be they in the rules in the home, the rules in school, betrayal by parents, disappointment in a friend (I hear you); (9) because the caseworker is a human being in common with the girls, she is willing to share with a girl the experiences, the ideas and the values which she has found important to her (I give you a piece of me).

Upon discharge, the caseorker continues with the girl and family for a time-limited period, usually a minimum of a year. The after-care service is intended as a supportive, transitory step to enable the girl to adapt to living outside the group home. The girl is helped with any phase of living that creates a problem, either as part of her family or in independent living that involves work, college, or vocational training, or managing one's own apartment. She is guided and encouraged in her achieving. In this period, the caseworker simultaneously provides a link from the past to the present and weans the girl from her relationship to the caseworker and agency.

DIRECT SERVICE TO PARENTS

A complete helping service was available to parents. The service included counseling on problems of relationship within the family and assistance in coping with the concrete realities that affect family life. The general objectives of the service were (1) to aid parents in leading personally satisfying and socially useful lives; (2) to strengthen the parents as husbands and wives, mothers and fathers, to the point where they could resume parenthood of the girl; and (3) to live successfully with the siblings of the placed child, if there were brothers and sisters at home.

With transfer of the family from intake, one of the first steps is to arrange a pre-placement visit to the group home. Parents meet the child-care staff, see where the girl will be living, and begin to "live out" the placement experience. There are usually four areas with which the caseworker deals in respect to the adults: (1) sustaining and supporting the placement; (2) understanding the relationship with their daughter; (3) gaining help for themselves to strengthen functioning either as individuals, as a family, or as parents to the placed girl or her siblings; (4) helping the child care staff cope with the behavior of family members that impinge actively on the girls' daily living. In practice, these objectives for parents were always individualized in terms of potential for improvement or change.

Early in the placement, especially when there is no immediate improvement in the behavior that required separation in the first place, the placement can be sabotaged by the parents if they are not supported through these experiences. The worker needs to handle parental grief and guilt at the separation and not permit maneuvering by the girl. The worker keeps parents posted on their daughter's school, health, and behavior. While visits and telephone calls can be disruptive, the reality of how these are handled are used for examination and confrontation. Holidays are balanced between the group home program and the family plan. The agency provides drivers for parents unable to use public transportation or for girls too young to travel distances that are too far or dangerous.

Coupled with this--again in the here and now--was an emphasis on improving communication between girl and family. Helping adults accept cultural and generational differences was sufficient sometimes to achieve a more balanced relationship. Education about "normal" adolescence was useful to some adults. Recognizing the displacement of their anger onto the children, ventilation about the lacks in their lives and being accepted as a person, enabled some adults either to perform more satisfactorily as parents or freed them in allowing the agency to handle the girls.

The work with parents offered support to people who had demonstrated over the years that they could not cope effectively. Some parents required "parenting" themselves. The caseworker--or a volunteer--gave advice on how to clean a house, shop for food, use food stamps and cook a meal; or went to the housing bureau to talk with an official; helped work out recreational, religious, cultural, after-school or weekend experiences for family members; or helped with employment or securing vocational training in the community.

Human contact for the socially isolated, depressed parent was provided by the caseworker or a volunteer case aide. This connection was especially significant in the after five hours or on weekends and was generally maintained by phone. Such outreach has reduced hysterical reaction by parents to siblings in the home. Parents are encouraged to join agency group programs, either for socialization purposes or for group counselling. For those parents who could benefit from the approach, insight therapy was employed; guidance and education in learning parenting skills was useful for others.

It is an additional responsibility of the caseworker to interpret parental behavior to child care staff. How to handle telephone calls and requests for information, how to respond to parents picking up the girls for visits; how to react to the actions of the parents to the girls are issues that need discussion. In turn, child care staff shares their observations and opinions about the interaction of parent and girl.

COLLABORATION

The caseworker is the person who orchestrates the resources and the personnel within and outside the agency. The caseworker arranges the every-three-month team review conferences, takes the minutes, and implements the decisions with appropriate follow-up.

The caseworker selects, recommends, and arranges community resources for girl and family (recreational visits, employment agencies, medical services, mental health center). The caseworker is the key person in collaboration with the schools through

conferences, telephone, sharing of information, developing plans to keep the girl in school, and offering support to school personnel. The caseworker is the link among the girl, the family, the group home, the agency, and the community.

VOLUNTEERS

From the beginning, the group home program had the complete support of the Association's Board of Directors. The Girls' Residence was a program the Board truly wanted and it took pride in seeing the program come to fruition. Members of the Board located a house within the specifications of the professional staff. Other Board members handled the legal and zoning transactions. A small, dedicated group of the women furnished and decorated the group home.

Approximately a year after the group home opened, having by that time lived through a substantial experience with the girls, staff reviewed where volunteers could serve. Several areas stood out. In addition to being separated from their families the girls had few relationships with other people. Most girls were doing poorly in school and required individualized help. Shopping for clothing was time consuming because the girls needed to visit different stores, learn about quality and price, and make appropriate choices. Some girls needed an adult to help them select an attractive hair style in a beauty shop. The girls had need for many types of growth experiences that would stimulate interest, add to their knowledge of the community and the world, uncover talents and develop skills. If a child care worker were to do these things for the individual girl no one would be left with the group. Staff concluded that volunteers could become valuable in providing increased people with whom they could relate as well as being valuable assistants in providing the needed manpower.

Selected women members of the agency's Board of Directors were invited to participate in meeting the girls' needs. These individuals had zest for the work, they cared deeply about the girls, the program and the Association. They recognized that although they would be giving of themselves they would receive little in return from

the girls. This nuclear group became part of the residence "family." There was scarcely any turn-over of these volunteers.

Some volunteers served as case aides and worked with the caseworker with either the girl or family. Some worked with the Director in meeting recreational needs of the girls on a group basis, taking them on trips to New York, concerts, sports events and to the Pennsylvania Dutch Country. Several volunteers with a background in education served as tutors. At confirmation the volunteers shopped with girls for their dresses and arranged a post-confirmation party in the synagogue. The girls were invited to a volunteer's home for Friday night and holiday dinners, sometimes followed by attendance at a synagogue.

Volunteers thus added another dimension to the concept of extended family. The contacts with volunteers permitted the girls to see how other families lived, brought the girls somewhat into the main stream of community life, presented a variety of roles and family models (wife--mother; husband--father--friend), and provided experiences that broadened the girls culturally.

Since 1966 the group home has benefited from an enlargement and further systematization of the agency-wide volunteer program. There are now approximately 20-25 persons involved in each group home. These individuals are assigned on the basis of specific requests from a staff member and are supervised by that person. In addition to the individualized program, volunteers have conducted Great Books discussions, discussion groups on Judaism, taught cooking, personal grooming, typing, sewing, and conversational French. Periodic training meetings enrich the understanding and skills of the volunteers. The experience in this aspect of agency program became a model for expansion in other phases of agency operation.(3)

PSYCHIATRIST

The functions of the psychiatrist in this program can be discussed under the headings of: (1) diagnosis; (2) consultation and (3) psychotherapy.

(3) Harriet Goldstein, "Supplementary Services by Volunteers in a Casework Agency," The Social Welfare Forum, 1966.

Diagnosis:

As diagnostician, the psychiatrist determines, through interviews with the girl and family, whether emotional or mental illness exists. The further observations are to discuss the family dynamics and the intrapsychiatric developments of the members; to clarify the stresses that may confront those staff members who will be dealing directly with the girl and her family; to translate the significance of her behaviors into day-to-day living; to suggest the techniques of treatment that will help the girl. In essence, the psychiatrist functions much as a pathologist laying bare the inner workings of the girl and her family. Subsequently, interviews are held with girls semi-annually to re-evaluate their condition.

Consultation:

The initial psychiatric interview with the girl and other family members becomes part of the initial intake conference. Along with the detailed findings of the intake case worker, the clinical psychologist and the educational psychologist, a decision is made at this point as to whether or not the girl should be admitted into care. A plan of treatment is formulated by consensus after each participant has proposed a direction. Immediate short-term goals are spelled out as well as the staff's aspirational level for what can be realistically achieved during the girl's stay in the group home.

The consultant's function further inclues on-going discussions with social work and child care staff, as requested, about the meaning of the girl's behavior or advice on how to respond to or treat the girl's behavior.

The psychiatrist is used to make determination about mental hospitalization of a girl or whether or not medication should be utilized (very little has been prescribed). The psychiatrist was always available beyond office hours by telephone or for examination of girls and on weekends or holidays if necessary.

Treatment:

The decision for treatment is made when there are specific reasons which make psychiatric intervention desirable. Usually the reasons involve symptoms of an apparent

mental conflict with unconscious components. Within that framework the Association's psychiatrist accepts in particular the treatment of schizophrenics, personality disordered children, and children with brain damage.

The goal in psychotherapy was constant and unvarying no matter the girl's diagnosis. The objective was to start them toward realizing two goals as adults: Self respect and the ability to love. Hopefully, by the mid-20's they would be able to support themselves at work they enjoyed and be able to look for mutually satisfying love relationships. The reason for choosing such long-range goals was based on the concept that adolescence is a transitory state of turbulence on the way to adulthood. It is characterized by intensity, a burgeoning of the physical, emotional and intellectual functions and a real diminution in the powers of judgment. At best, if one works to achieve a healthy adolescent he may achieve a temporary state of balance. Since the purpose of adolescence is to grow, therapy in adolescents might just as well be directed toward the future in which the growth will come to fruition.

In addition to individual therapy the psychiatrist has engaged in group therapy sessions from time to time. This may have been done at a point of particular crisis, or when the therapist thought that she was treating the same issues with a number of girls, or when the group was having a particular reaction to behavior of others, or when the psychiatrist thought it might be supportive to her individual approaches.

The AJC psychiatrist acknowledges to the girls and their parents that she will divulge confidences to the agency administration and in a court of law if necessary when the revelations are expected to contribute to their mental health or to the girls' growth and development. For example, a parent's productions might be used against him in an abuse suit; a girl's productions could be used against her in commitment procedures to a mental hospital or to warn the staff of impending unacceptable behavior. The child and parents understand that the psychiatrist may be a possible adversary and does not stand in the same position as a private psychiatrist

in her own office. Although the psychiatrist has no administrative power, the girls and family know that the psychiatrist's opinion is sought and her advice often followed. The psychiatrist thus has real power leading to conflicts of interest in dual role of confidant to the group home and as therapist to the often unwilling patient.

In the final analysis, the girls and the parents must trust the psychiatrist's basic decency and sense of propriety. She will not expose any more of their personal life than is necessary for the proper upbringing. Trust is required, too, of the agency in deciding whether to accept the psychiatrist's advice without the logical evidence that the psychiatrist might at times wish to withhold. Some part of all therapeutic relationships must eventually be based on mutual trust and good will.

CLINICAL & EDUCATIONAL PSYCHOLOGISTS

A Ph.D level clinical psychologist makes a psychodiagnostic examination of every girl prior to her entering the residence. The standard battery included the Wechsler-Bellevue Intelligence Scale, Rorschach, Bender Gestalt and Draw a Person. Annually thereafter, a psychodiagnostic examination was given to obtain objective evidence concerning the course of a girl's personality and behavior.

Since 1963, the agency has employed an educational psychologist who has administered a battery of achievement tests to every girl who is having school difficulties and every girl who, though receiving passing grades, was performing below her intellectual level. As a result of this testing a tutoring program was designed. Since 1966 these tutors have been volunteers. The educational psychologist has designed a specialized program based on the child's personality, behavior and learning gaps.

OTHER PERSONNEL

The medical service was supervised by a medical director who functioned agency wide. One physician was appointed to serve the girls in the group home just as a doctor would serve a family. This doctor was easily accessible to the group home and made house calls as necessary.

Back-up was provided through a nearby hospital, the Albert Einstein Medical Center Northern Division, a member of the Federation of Jewish Agencies. This facility provided complete medical and dental services including orthodontia, on the basis of a formal agreement between the two agencies.

In addition, the Philadelphia Psychiatric Center, another member of the Federation of Jewish agencies, provided emergency or planned hospitalization for girls who needed such care during their stay in the group home, based simply on the AJC's psychiatrist's opinion that such hospitalization was needed. These two resources provided secure back-up to care for medical and psychiatric needs.

The agency also employs a Rabbi as a staff consultant on questions, issues or problems that might arise concerning Jewishness in the education and the living of the girls. He is available on issues of management of each residence as a Jewish home. Specific practices such as observance of the dietary law, synagogue attendance at major Jewish holidays, study for confirmation, weekly volunteer-led discussion groups on Jewish values, ethics, customs, are all developed among the Rabbi, the child care staff, caseworker, and the director. The Rabbi also conducts lectures and seminars and workshops for caseworkers and child care staff.

THE DIRECTOR

In a previous publication(4) the role of the director was described as that of a catalytic agent merging all aspects of the program into a combined whole. The director's role concerned itself with the following areas of the program: (1) management; (2) supervision of the child care staff and caseworker; (3) treatment; (4) representing the program to the community and (4) decision making.

Management:

Even before the group home was opened, the director organized a network of suppliers and vendors for food, heating oil, electric and plumbing repairs, laundry and appliance repair men. Standing committees of volunteers were formed under the

(4) Harriet Goldstein, "The Role of a Director in a Group Home," Child Welfare, November, 1966.

supervision of the director to furnish and refurbish the group home throughout the years. The director joined with the child care staff in the daily maintenance of the physical plant and was the person responsible for meeting city regulations governing fire, health and safety. Control of costs and budget were part of the director's role.

The rate of occupancy was crucial in budget controls, for income came through purchase of service from the public agency. Anticipated discharges and vacancies had to be coordinated with admissions and intake decisions. The director had this role. Should there not be appropriate new candidates for admission, the director and the intake supervisor took necessary steps to invite additional referrals.

Supervision:

The director is responsible for the supervision of the child care staff, the housekeeper and the caseworker. Because of this it is possible to achieve a high degree of coordination as regards purpose, objectives and methods of treatment among all the staff members related to the daily life of the group home.

The supervision provides support to the staff for their efforts and technical advice for their work with the girls. Further, the director helps each person examine his attitudes towards the girls or the group. What is aroused in each care taking adult, and how fully each uses himself, is the source of frequent discussion.

In addition to planned individual supervision, the director is available to all staff daily--informally in personal contact or telephone during all after-office hours. This availability is especially important to the child care staff who generally functioned in real isolation. Besides planned and informal and individual contacts, the director meets with all staff in a weekly conference. Here the girls are discussed individually and collectively, significant observations of their behavior shared, problems that impinged on everyone discussed and clarified, differences of opinion about treatment approaches aired and reconciled, the sense of unity invigorated, and mutual support given. These group sessions provide an opportunity for

didactic teaching about normal and deviant adolescent behavior, theories about treatment and the use of oneself.

One should note the peculiar twist in the relationship between staff and director as supervisees and then in the roles that each carried in the group home. Expressed attitudes of the girls about roles, expectations, and authority could be counter-transferred easily by staff in feelings that they themselves experienced. The Director and staff could become caught in a double bind of projections if they were not sensitively alert to the nuances of how they were working with each other.

Treatment

The director's role in treatment begins at the intake conference when the purpose and goals of the admission are clarified. Consideration of each new girl has to be related to her impact on the group and here the director plays a key role in assessing the affects of an admission and in building the necessary supports for it among the other girls. The director also had to be the person to understand how a new girl will affect the child care staff, the caseworker, the psychiatrist, the neighbors and the school and bring these things into the open if not recognized by the others. Above all, the director has to insure that the intake conference translates psychodynamic formulations into hard techniques and methods for dealing with the daily life of a girl.

With the decision for admission made, the director becomes engaged in that process with the child care staff and caseworker. She meets the girl and family and helps handle them in the placement experience. The director, by virtue of her role, is aware of the anxieties of each person who participates in the admission--girl, family, staff, other girls, and must respond to the chain reaction of their behaviors.

As the experience evolves, the director's role in treatment becomes an integral part of the milieu. By her very presence she is available for ordinary conversation about daily life--the neighborhood, a book, a concert, a personality--offering the girls a values approach, a broadening experience, a role modeling. Sharing feelings,

opinions and experiences with the director gives the girls opportunity to think out and test their points of view with that of another person. Sometimes the director meets individually with a girl when the child's behavior required that she understand the consequences of her behavior.

Frequently the director takes the girls on outings, formal and informal, sometimes planned, sometimes spontaneous--to a movie, to dinner in a restaurant, to a place of historical or cultural interest. Whatever the event, the purpose is for fun, group togetherness and enrichment. The director has to be conscious always that she exerts an influence on the group which is part of treatment. While enabling and permitting the girl to express herself, the Director nonetheless has to help the girl see that the issues must be handled in turn with the caseworker and therapist.

The director is often involved in a "crisis intervention". The behavior of a girl can be so provocative that more than one person is required to handle the situation.

> "The director was called at 11 p.m. Esther, a schizophrenic 16 years old, had "split." She was sitting in the corner of the bedroom and was "spaced out." She was groaning, urinating, and calling for her dead mother. While the child care worker was trying to handle her, the other girls had become frightened by what her behavior had aroused and were running around the house. Some were crying; some were screaming; one was calling her mother on the phone.
>
> The director arrived within 15 minutes of the call, telephoned Esther's therapist, held and comforted her at his direction until hospitalization could be arranged while the child care worker was deployed to round up the other girls, feed and reassure them. After Esther's hospitalization the director returned to the house to speak further with the girls about Esther and themselves.

Illness or vacation of child care staff or caseworker puts the director into a coverage role. Here the girls and the director rake leaves, clean the house, talk. The girls see that the director operates not just from concepts but that she can act and do. The director comes into multiple relationships with each girl and utilizes a "life--space--time" approach with them: she functions "on the spot" with them.

The director assists in setting limits of discipline and control. In an open community environment, in an open group home where door knobs open from the inside, the only controls that can be affected are through the relationships which can be established. In the AJC program the director assumes the super ego role. Until a girl can make responsible choices or decisions, and can substitute positive for defeating behavior, the director intervenes to declare and to distinguish between right and wrong, between the permissible and the unpermissible. It is inherent that struggles will ensue but the struggles are a logical accompaniment to the conception of treatment which is fundamental to the program.

Report to the Community

The Director meets with committees of the board of directors and the total board periodically to inform them of the group home operation. In addition, the director joins in the training of volunteers working in the program.

The director and executive director of the agency are called on to interpret the group home to the local and national professional community. The director's role includes interpretation to other treatment facilities and the social agencies with whom there are cooperative relationships.

Decision Making

While a team approach is useful, and consensus is desirable, there are inevitable differences in a group of professionals and child care staff that stem from personal experiences, personality and training. Yet at many points a clear decision must be made despite the persistence of differences; whether certain behavior can be tolerated,

whether a girl should change schools, have visits with her parents, be restricted to the house, etc. Consultants can offer opinions or question decisions, but they do not have to live out the consequences of their opinions. Child care staff can know what is right but avoid the recognition because they fear living it out with the girls. Some caseworkers are good at making decisions that affect clients and some are not, for such decision making goes contrary to some basic principles of casework. Someone has to make the decisions--hopefully based on available opinions, views and judgments--and then risk and live out the consequences no matter what becomes entailed in the way of worry, personal inconvenience or hardship. In the AJC program that person is the director.

THE GROUP

Goroff has stated: "The group is not a preparation for living, it is living. The interactions, the feelings generated, the problems to be solved--these experiences are an actual part of being in the here and now. The group is part of the being--and--becoming process for its individuals, with the present having a tremendous impact in the participants. In the here and now, the individual does not try to recall how he felt in the past; he experiences his feelings with immediacy."(5)

The girls shared several experiences which made for a common bond. Each was separated from her family without choice. Each had to deal with attitudes and feelings about parents. Each was dependent upon the agency to fill her personal and nurturant needs. The need to live within the degree of structure imposed by the residence was novel for all. They had in common the struggle with adolescent growth, the future, what would become of them, what direction and goals they would find; all was a source of anxiety for every girl.

This common ground provided the basis for group processes and group activities on two levels; one related to initiatives from the staff, the second to initiatives from the girls themselves. Shifts in population, however, due to admissions and discharges, did not always permit a stable population for the group and the severely acting out behavior of the girls during certain periods was disruptive.

(5) Norman N. Goroff, "Unique Properties of Groups: Resources to Help People," Child Welfare, LI, October, 1972, 494-503.

On the staff level trips, outings and parties were organized. Group decision was sought on choice of colors for bedrooms, selecting curtains, bedspreads, furniture shifts. Group sessions were conducted by the director on a once-a-week basis. In addition, sometimes the girls would ask for house meetings to clear the air. In these meetings the girls discussed the house rules, wrote and rewrote them. The talk was often about placement and separation experiences. There was typical concern of adolescents including struggles with adolescence and themselves. Dating behavior and stealing each other's boy friends was a recurrent theme. Family, the life that was, current relationships with parents and significant adults in their lives was a repetitive story.

On the whole, although the girls could be mobilized for talk and for specific short-term tasks, they were not interested in staff-initiated activity programs. The girls would participate individually in community-based programs for group dancing or calisthenics, but were not interested when specialists in these areas were brought into the group home.

The group was often in action behind closed doors. One girl's pleasure or a tragedy might bring them together spontaneously to talk it over. They would comfort one another over transgressions or poor school grades. The girls had a network that organized their own celebrations for a graduation, a birthday, a holiday. Love and hate relationships fluctuated; the girl reviled today was adored tomorrow. They could be calculating in vying for positions of leadership. Sometimes their anger to one another was enormous. An adult intervened when physical harm or other extreme acting out behavior was in prospect, but staff recognized that very often the girls needed to be left alone to work things out among themselves.

THE COMMUNITY

In recent years much emphasis has been placed about a group home in a community setting. The neighborhood concept and use of local resources is viewed as offering supports for the placed youngster. Through living as others typically do, an adolescent learns to observe city curfew, learns about neighborhood standards of dress and deportment and participation in the neighborhood. Adolescents learn that a temper

outburst and cursing, or throwing things out a window, will not be tolerated on a hot summer night by the neighbors next door. Drag racing up and down a city street is among behavior that will not be permitted. The young people learn how to shop in the local stores, how to deal with vendors who come to the home, and how to gain experience in getting around in the city.

The issue of zoning is one with which every group home needs to deal. Not everyone in the neighborhood and the community is accepting and positive about an agency home. If the group home is not wanted in the neighborhood, it is the young people who most forcibly feel the impact of rejection. We can never forget the anguish and pain the girls felt when they found a large sign tacked onto the house bearing the words "whore house", and similar expressions splattered in paint on the walk. An agency group home is almost microscopically examined by the neighbors and the agency is under surveillance about the standards it maintains.

The girls bring into the group home varying standards in choice of friends, habits of dress, personal grooming, and social experiences. There is impact on these standards from their friends in the community. Cultural standards and societal forces can be different from the values of the group home--the community may have a greater permissiveness about drug use; parents of other children at home may tolerate heavier use of smoking; upper age adolescents can drive cars; the parents of others may be less stringent about curfew, school, and sexual mores. The group home is faced with its systems, values, and viewpoints and the similarities and differences in the broader world.

The resources that are to be found in a community such as schools and recreation centers do not exist ready made for use by the group home occupants. Considerable initiative and effort must go into explaining the program and the girls to other persons and organizations in building working relationships that obtain and sustain the desired services.

EVALUATION

In 1971, the Association for Jewish Children undertook an outcome study of all girls who had been admitted to the group home from 1959 to 1969. Dr. Jerome L. Singer, Professor of Clinical Psychology and Director of Training, Yale University, was director of the research. The complete report will be published soon in a monograph.

Twenty-eight girls had completed the program in the first 10 years. It was possible to contact all but one of the girls, and 25 or 89% of them agreed to participate. The research consisted of (1) a follow-up interview with each of the 25 girls; (2) a series of ratings on case data by seven case judges; (3) qualitative analyses of spontaneous and elicited memories given by the girls.

There were four sets of ratings by the case judges. The ratings covered five areas: (1) adjustment to daily living; (2) school-job adequacy; (3) relationships to peers, female; (4) relationships to peers, male, and (5) self-concept. Each of the five areas was rated on an 11 point scale.

The first rating was based on all of the data available at intake (social history, direct psychiatric examination of each girl and direct psychological exam, medical data, school reports, etc.). The second rating was based on the same data, assuming that the girl would have no treatment. The third rating, based also on the intake data, assumed that the girl would have optimal therapeutic intervention for 3-5 years. The second and third ratings were ratings of predicted outcome, and were intended as a substitute for a control group. It is not possible in this paper to develop the rationale of the predicted outcome technique, but it is offered as a technique to surmount the usually impossible problem of assembling a control group. The final rating was based on data acquired in the 2-1/2 hour, tape-recorded interview.

A second phase of the research involved obtaining (1) spontaneous and (2) elicited memories from the girls, e.g. (1) "tell me three things that you remember

about your experience in the Girls' Residence," and (2) "Tell me three things that you remember about the home itself--about the director--about the caseworker--about the other girls--etc., etc.

The research findings reveal a correspondence between the stated objectives of the group home program and the results achieved in the five variables selected for study.

--The gains in Adjustment to Daily Living reflect the major thrust of the program to develop personal and social competence. The girls are not only living lives free of pathology (no delinquency, no mental hospitalizations, no drugs, minor need for psychotherapy) but they are managing their daily activities and households effectively. The programs objectives and methods emerge as particularly suited for the girls who were rated lowest on admission.

--Surprisingly the girls came to feel a lot better about themselves, a conclusion based not only on what they said in the follow-up interviews but confirmed by the judgments of the case raters. Most research in psychotherapy and other treatment has found that poor self-concept is highly resistant to change. Perhaps improvement in self image is related more to the acquisition of personal and social skills than it is to psychological reorientation per se.

--The girls made significant gains in relationships with female peers. While gains in relationships with males did not quite attain statistical significance, the gains approached levels considered as attainable in the baseline ratings only with good professional help.

The absence of statistically significant improvement in School/Job is puzzling. At the time of follow-up the majority of girls were either full time students or engaged in the full time care of children. More than half of the girls had completed, were attending, or had been in college and another 12% had completed

high school. Five of eight girls who had been unable to finish high school nevertheless successfully completed vocational training programs arranged by the agency. The three girls who neither completed high school or vocational training all left the group home program precipitously without the benefit of agency planning. At the time of follow-up only three girls were unemployed. Clearly this program either preserved the potential in School/Job that the girls had when they entered the group home or the program made some other contribution that was not detected in the study. Possibly the case judges, accustomed to even lower levels of school adjustment in the population of children found in their personal clinical experience, over-rated the baseline school adjustments or under-rated the School/Job outcome in these girls of good intelligence who came from family backgrounds that valued education despite the serious troubles between parents and children.

Memory recall was positive for the physical characteristics of the group home, the community, peer group in the home, and caseworker; negative for the child care staff, psychiatrist, and director. Most of the negative memories were related to conflicts with staff members growing out of challenges to the girl's behavior and the ensuing confrontations. On the other hand, the staff member about whom the girls had the most negative memories was the very person the girls rated as having been the most helpful part of the entire group home experience and as the person they would want to go to for help if they had problems in later life. It would have been gratifying had the girls recalled the director, the child care staff and the psychiatrist fondly, but it is more important that the girls were helped significantly.

The components of the director and the peer group in that order emerge as by far the two most important and helpful factors in the experience of the girls.

And perhaps, most significantly, a major factor which emerged qualitatively as well as quantatively from the recollections was the fact that for many of these girls this was their first experience living in an organized, physically attractive home within a decent community and with caring people. This experience has had a lasting impression.